

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$34,877,360	\$8,522,980	\$332,122,310	\$70,084,010	\$5,105,920	\$65,930
OTHER MEDICAL	\$69,329,080	\$15,874,660	\$458,674,300	\$170,542,570	\$7,497,570	\$255,780
COUNTY OUTPATIENT	\$1,451,680	\$721,360	\$35,217,580	\$6,122,790	\$111,580	\$30
COMMUNITY OUTPATIENT	\$21,942,980	\$3,685,540	\$204,841,640	\$40,705,240	\$1,196,210	\$13,210
PHARMACY	\$55,665,010	\$21,275,740	\$1,096,269,430	\$86,788,130	\$9,939,420	\$245,060
COUNTY INPATIENT	\$6,560,650	\$1,712,070	\$138,154,410	\$23,854,290	\$1,152,620	\$1,260
COMMUNITY INPATIENT	\$168,324,930	\$29,183,230	\$1,097,581,510	\$227,299,230	\$26,550,330	\$100,320
NURSING FACILITIES	\$440,561,580	\$26,286,290	\$669,661,480	\$2,345,350	\$1,888,843,820	\$7,236,840
ICF-DD	\$456,510	\$9,644,630	\$186,801,060	\$610,360	\$23,524,120	\$3,757,360
MEDICAL TRANSPORTATION	\$14,708,790	\$4,451,150	\$56,352,620	\$4,434,160	\$4,120,420	\$114,840
OTHER SERVICES	\$135,026,560	\$12,109,820	\$467,230,560	\$39,646,490	\$61,533,860	\$288,240
HOME HEALTH	\$100,010	\$10,502,150	\$81,241,760	\$3,914,600	\$1,290	\$0
FFS SUBTOTAL	\$949,005,120	\$143,969,620	\$4,824,148,670	\$676,347,210	\$2,029,577,170	\$12,078,880
DENTAL	\$19,086,530	\$1,138,060	\$44,210,540	\$57,095,640	\$4,183,930	\$17,510
TWO PLAN MODEL	\$21,375,510	\$6,312,730	\$516,020,380	\$788,175,630	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$128,517,640	\$12,680,670	\$480,516,240	\$151,453,880	\$283,372,450	\$569,250
GEOGRAPHIC MANAGED CARE	\$3,532,540	\$511,290	\$35,139,420	\$167,787,210	\$0	\$0
PHP & OTHER MANAG. CARE	\$73,868,770	\$2,292,400	\$100,335,860	\$8,866,070	\$46,378,830	\$139,650
EPSDT SCREENS	\$0	\$0	\$0	\$13,332,580	\$0	\$0
MEDICARE PAYMENTS	\$1,035,261,870	\$55,872,820	\$1,552,057,900	\$0	\$142,706,090	\$1,833,310
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,275,300	\$1,867,820	\$62,747,810	\$2,630,090	\$5,407,250	\$333,670
MISC. SERVICES	\$524,880,890	\$31,296,590	\$2,122,816,720	\$1,414,490	\$0	\$0
NON-FFS SUBTOTAL	\$1,807,799,050	\$111,972,370	\$4,913,844,870	\$1,190,755,600	\$482,048,560	\$2,893,380
TOTAL DOLLARS (1)	\$2,756,804,170	\$255,941,990	\$9,737,993,540	\$1,867,102,800	\$2,511,625,730	\$14,972,260
ELIGIBLES ***	400,900	23,400	932,600	1,178,800	47,800	200
ANNUAL \$/ELIGIBLE	\$6,877	\$10,938	\$10,442	\$1,584	\$52,544	\$74,861
AVG. MO. \$/ELIGIBLE	\$573	\$911	\$870	\$132	\$4,379	\$6,238

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 35. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$6,801,100	\$59,846,470	\$758,650	\$69,799,960	\$306,672,770	\$34,132,120
OTHER MEDICAL	\$6,459,840	\$86,994,370	\$2,489,830	\$126,813,400	\$455,534,970	\$76,066,040
COUNTY OUTPATIENT	\$432,010	\$5,838,410	\$69,230	\$14,335,020	\$28,274,890	\$3,015,820
COMMUNITY OUTPATIENT	\$1,082,960	\$21,976,790	\$153,600	\$34,548,230	\$113,474,310	\$13,904,820
PHARMACY	\$14,447,110	\$90,203,520	\$746,170	\$106,358,590	\$149,748,010	\$43,332,980
COUNTY INPATIENT	\$15,376,690	\$22,098,950	\$712,680	\$168,655,440	\$205,809,040	\$16,152,040
COMMUNITY INPATIENT	\$41,673,530	\$149,440,150	\$2,814,830	\$344,871,650	\$1,118,304,790	\$114,664,960
NURSING FACILITIES	\$460,391,910	\$249,795,540	\$1,767,440	\$69,424,470	\$20,587,730	\$8,525,290
ICF-DD	\$179,201,510	\$82,160	\$0	\$7,244,340	\$751,970	\$2,765,760
MEDICAL TRANSPORTATION	\$2,422,280	\$11,728,120	\$362,490	\$14,207,990	\$11,438,150	\$1,602,450
OTHER SERVICES	\$13,355,220	\$115,690,190	\$530,980	\$83,180,680	\$109,525,720	\$13,575,850
HOME HEALTH	\$37,100	\$652,930	\$62,540	\$46,140,500	\$9,465,020	\$6,590,530
FFS SUBTOTAL	\$741,681,250	\$814,347,600	\$10,468,450	\$1,085,580,270	\$2,529,587,370	\$334,328,690
DENTAL	\$1,260,430	\$10,377,520	\$28,930	\$5,372,010	\$136,485,980	\$19,226,980
TWO PLAN MODEL	\$0	\$23,237,780	\$135,680	\$28,788,120	\$1,552,570,420	\$31,573,410
COUNTY ORGANIZED HEALTH SYSTEMS	\$107,089,160	\$73,458,590	\$277,560	\$74,425,380	\$418,343,050	\$20,596,570
GEOGRAPHIC MANAGED CARE	\$0	\$2,091,630	\$0	\$1,859,230	\$211,211,970	\$5,339,630
PHP & OTHER MANAG. CARE	\$10,523,580	\$37,539,620	\$54,420	\$10,997,210	\$21,221,020	\$1,607,760
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$33,015,800	\$2,452,190
MEDICARE PAYMENTS	\$33,873,090	\$262,434,610	\$1,952,830	\$167,329,950	\$14,701,510	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$164,773,180	\$333,360	\$166,680	\$980,880	\$4,990,660	\$726,790
MISC. SERVICES	\$0	\$285,386,250	\$795,670	\$257,945,150	\$3,563,110	\$268,680
NON-FFS SUBTOTAL	\$317,519,440	\$694,859,360	\$3,411,780	\$547,697,910	\$2,396,103,510	\$81,792,010
TOTAL DOLLARS (1)	\$1,059,200,690	\$1,509,206,970	\$13,880,230	\$1,633,278,180	\$4,925,690,880	\$416,120,700
ELIGIBLES ***	15,200	239,200	600	129,400	2,871,300	210,100
ANNUAL \$/ELIGIBLE	\$69,684	\$6,309	\$23,134	\$12,622	\$1,715	\$1,981
AVG. MO. \$/ELIGIBLE	\$5,807	\$526	\$1,928	\$1,052	\$143	\$165

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 35. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$2,925,870	\$791,460	\$30,429,000	\$187,518,690	\$4,217,780	\$4,608,270
OTHER MEDICAL	\$2,203,720	\$1,220,330	\$45,626,310	\$183,337,170	\$15,529,670	\$9,679,950
COUNTY OUTPATIENT	\$297,560	\$202,310	\$4,472,870	\$8,106,710	\$516,790	\$460,930
COMMUNITY OUTPATIENT	\$930,780	\$140,460	\$8,048,130	\$27,259,440	\$2,609,590	\$2,906,600
PHARMACY	\$2,705,430	\$894,880	\$14,868,220	\$15,224,580	\$2,547,980	\$4,474,570
COUNTY INPATIENT	\$2,159,820	\$14,400	\$52,829,300	\$57,580,970	\$825,120	\$1,316,800
COMMUNITY INPATIENT	\$8,174,640	\$326,950	\$130,117,210	\$426,818,140	\$10,160,030	\$13,064,620
NURSING FACILITIES	\$40,734,440	\$0	\$19,672,220	\$0	\$0	\$0
ICF-DD	\$2,322,600	\$0	\$602,590	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$216,770	\$15,490	\$2,835,690	\$1,668,020	\$329,110	\$242,330
OTHER SERVICES	\$709,890	\$73,350	\$3,154,350	\$12,596,330	\$4,165,260	\$3,532,640
HOME HEALTH	\$21,300	\$490	\$117,860	\$936,320	\$371,410	\$590,850
FFS SUBTOTAL	\$63,402,830	\$3,680,120	\$312,773,750	\$921,046,370	\$41,272,760	\$40,877,580
DENTAL	\$159,130	\$669,060	\$60,490	\$133,970	\$7,263,450	\$7,700,640
TWO PLAN MODEL	\$1,771,870	\$1,146,030	\$0	\$36,279,810	\$57,204,980	\$47,888,500
COUNTY ORGANIZED HEALTH SYSTEMS	\$2,861,470	\$248,730	\$2,691,400	\$20,869,860	\$23,985,700	\$17,113,280
GEOGRAPHIC MANAGED CARE	\$47,430	\$212,620	\$0	\$7,610,380	\$12,904,960	\$9,738,940
PHP & OTHER MANAG. CARE	\$21,810	\$0	\$0	\$1,336,250	\$698,220	\$596,880
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,165,450	\$974,880
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$457,490	\$0	\$182,760	\$643,030	\$0	\$95,250
MISC. SERVICES	\$3,220	\$0	\$0	\$196,740	\$23,700	\$19,800
NON-FFS SUBTOTAL	\$5,322,450	\$2,276,440	\$2,934,650	\$67,070,050	\$103,246,470	\$84,128,170
TOTAL DOLLARS (1)	\$68,725,280	\$5,956,560	\$315,708,400	\$988,116,420	\$144,519,230	\$125,005,750
ELIGIBLES ***	3,000	2,600	72,700	219,600	112,000	104,400
ANNUAL \$/ELIGIBLE	\$22,908	\$2,291	\$4,343	\$4,500	\$1,290	\$1,197
AVG. MO. \$/ELIGIBLE	\$1,909	\$191	\$362	\$375	\$108	\$100

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

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FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,159,280,660
OTHER MEDICAL	\$1,734,129,560
COUNTY OUTPATIENT	\$109,647,590
COMMUNITY OUTPATIENT	\$499,420,530
PHARMACY	\$1,715,734,850
COUNTY INPATIENT	\$714,966,560
COMMUNITY INPATIENT	\$3,909,471,030
NURSING FACILITIES	\$3,905,834,410
ICF-DD	\$417,764,960
MEDICAL TRANSPORTATION	\$131,250,910
OTHER SERVICES	\$1,075,925,990
HOME HEALTH	\$160,746,670
FFS SUBTOTAL	\$15,534,173,720
DENTAL	\$314,470,790
TWO PLAN MODEL	\$3,112,480,870
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,819,070,900
GEOGRAPHIC MANAGED CARE	\$457,987,250
PHP & OTHER MANAG. CARE	\$316,478,360
EPSDT SCREENS	\$50,940,890
MEDICARE PAYMENTS	\$3,268,024,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$247,612,000
MISC. SERVICES	\$3,228,611,000
NON-FFS SUBTOTAL	\$12,815,676,060
TOTAL DOLLARS (1)	\$28,349,849,780
ELIGIBLES ***	6,563,800
ANNUAL \$/ELIGIBLE	\$4,319
AVG. MO. \$/ELIGIBLE	\$360

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Excluded policy changes: 35. Refer to page following report for listing.

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

EXCLUDED POLICY CHANGES: 35

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
3	CHDP GATEWAY - PREENROLLMENT
4	BRIDGE TO HFP
9	BCCTP RETROACTIVE COVERAGE
13	STATE-FUNDED KINGAP
31	CDSS SHARE OF COST PAYMENT FOR IHSS
45	FAMILY PACT DRUG REBATES
65	MANAGED CARE ELIGIBILITY ADJUSTMENTS
75	HOSP FINANCING - DSH PMT
76	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLACEMENT
77	HOSP FINANCING - SAFETY NET CARE POOL
78	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
79	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN COSTS
80	HOSP FINANCING - HEALTH CARE COVERAGE INITIATIVE
81	HOSP FINANCING - STABILIZATION FUNDING
82	HOSP FINANCING - SOUTH LA PRESERVATION FUND
83	HOSP FINANCING - DISTRESSED HOSPITAL FUND
85	HOSP FINANCING - CCS AND GHPP
87	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
90	BASE ADJUSTMENT - DPH INTERIM RATE
91	HOSP FINANCING - DPH RATE RECONCILIATION
92	CAPITAL PROJECT DEBT REIMBURSEMENT
93	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
94	IGT FOR NON-SB 1100 HOSPITALS
96	FFP FOR LOCAL TRAUMA CENTERS
97	CERTIFICATION PAYMENTS FOR DP-NFS
98	DSH OUTPATIENT PAYMENT METHOD CHANGE
99	SRH OUTPATIENT PAYMENT METHOD CHANGE
108	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
111	HEALTHY FAMILIES - CDMH
115	MINOR CONSENT SETTLEMENT

FISCAL YEAR 2008-09 COST PER ELIGIBLE BASED ON NOVEMBER 2007 ESTIMATE

EXCLUDED POLICY CHANGES: 35

132	DENTAL RETROACTIVE RATE CHANGES
136	UNSPECIFIED BUDGET REDUCTION
140	DELAY CHECKWRITE JUNE 2008 TO JULY 2008